

BUDGET FOR ORGANIZATIONS FORM 5-B

Neatly handwrite or type. Fill in all questions and fields. Round to nearest dollar.

Name _____ Federal Tax ID # _____

Check one of the following boxes:

☐ **QUICKFUND\$** ☐ **PUBLIC ART** ☐ **CULTURAL FACILITIES**

List expenses and income that directly relates to the cost of the project described in this application. Refer to the *Glossary* for an explanation of terms. (You may add one page for itemizations.)

Identify which income sources are pending.

EXPENSES

Staff _____
(include salary and benefits)

Outside Fees and Services _____

Production _____

Travel _____

Remaining Operating
Expenses _____

Space/Facility Rental _____

Marketing/Promotion _____

Capital Expenditures _____

(See *Glossary*, page 60)

Capital Expenditures can be used only for
Cultural Facilities (itemize).

INCOME

Admissions/Ticket Sales _____

Contracted Services _____

Government Support _____
(Identify source)

Other Revenue _____
(grants, contributions,
memberships, subscriptions, etc.)
(Identify source)

Applicant Cash _____

Grant Amount Requested _____

In-kind Contributions _____

(Complete Supplement A, page 41)

In-kind can be used only for

QuickFund\$ and Feasibility Studies.

TOTAL CASH EXPENSES \$ _____

TOTAL INCOME \$ _____

INCOME MUST EQUAL EXPENSES

Total Annual Budget of Organization \$ _____